



FREDERICK COUNTY DIVISION OF FIRE RESCUE SERVICES
Bureau of EMS & Training
8349 Reich's Ford Road, Frederick, MD 21704

CANDIDATE PHYSICAL ABILITY TEST (CPAT)
PERSONAL INFORMATION SHEET

LAST NAME: _____ FIRST NAME: _____ MI: _____
(please print)

STREET ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

TELEPHONE #: (Home) _____ (Cell): _____

E-MAIL: _____

DRIVERS LICENSE# _____ SSN/SIN# _____

DATE OF BIRTH: _____

MEDICATIONS: _____

ALLERGIES: _____

PERTINENT MEDICAL HISTORY: _____

IN CASE OF EMERGENCY, I AUTHORIZE YOU TO CONTACT:

NAME: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Cell): _____

SIGNATURE: _____ DATE: _____